Instructions for Reimbursements

Payment Process

Two Options Are Available:

1. To receive payment by check from the US Treasury (requires approximately two weeks to receive payment), submit SF-270 (Request for Advance or Reimbursement - See instructions below).

2. Payments can be transferred electronically via Vendor Express to your bank from US Treasury (requires 5-7 working days to receive payment), call the USDA National Finance Center (NFC) toll free at 1-800-421-0323 and request an enrollment package. This package will describe the procedures you will need to follow to have your designated bank receive payments electronically. Please note the 9-digit vendor identification number on the second address line of each SF-270 you submit.

Please indicate the selected payment process option in Block 11 of SF-424 (see Instructions for Application for Federal Assistance SF-424).

SF-270 Request for Advance or Reimbursement - Payments are received on a reimbursable basis of actual incurred costs. As an option, anticipated costs can be reimbursed up to 30 days in advance. Please note that all entries on this form must reflect "cumulative" costs/payments incurred since the project start date (Block 13 on SF-424). Unless otherwise stated, payments will be based on the matching requirements of this grant. In most cases, the Federal portion of each reimbursement request will reflect the same ratio of this total grant award amount to the other contributing funding sources. For Example: If this grant contributes $20,000 to a $100,000 project, we would reimburse you $2,000 for every $10,000 expended. The total reimbursement will not exceed the amount of Federal funding approved.

Send SF-270 to: USDA Forest Service
Cooperative Forestry
ATTN: Alan McGuire-Dale
P.O. Box 3623
Portland, OR 97208-3623

For additional information regarding these processes, contact Alan McGuire-Dale, Cooperative Forestry, at 503-326-6226 or Rosey Chaney, Fiscal & Public Safety, at 503-326-7111.

REQUEST FOR ADVANCE OR REIMBURSEMENT

(See instructions on back)

Approved by Office of Management and Budget, No. 80-R0183

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1. TYPE OF PAYMENT REQUESTED
   a. "X" one, or both boxes: ☐ ADVANCE ☐ REIMBURSEMENT
   b. "X" the applicable box: ☐ FINAL ☐ PARTIAL

2. BASIS OF REQUEST: ☐ CASH ☐ ACCRUAL

3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED

4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY

5. PARTIAL PAYMENT REQUEST NUMBER FOR THIS REQUEST

6. EMPLOYER IDENTIFICATION NUMBER

7. RECIPIENT'S ACCOUNT NUMBER OR IDENTIFYING NUMBER

8. PERIOD COVERED BY THIS REQUEST
   FROM (month, day, year)
   TO (month, day, year)

9. RECIPIENT ORGANIZATION
   Name :
   Number and Street :
   City, State and ZIP Code :

10. PAYEE (Where check is to be sent is different than item 9)
   Name :
   Number and Street :
   City, State and ZIP Code :

11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS/ADVANCES REQUESTED

PROGRAMS/FUNCTIONS/ACTIVITIES ▶	(a)	(b)	(c)	TOTAL
a. Total program outlays to date (As of date)	$	$	$	$
b. Less: Cumulative program income				
c. Net program outlays (Line a minus line b)				
d. Estimated net cash outlays for advance period				
e. Total (Sum of lines c & d)				
f. Non-Federal share of amount on line e				
g. Federal share of amount on line e				
h. Federal payments previously requested				
i. Federal share now requested (Line g minus line h)				
j. Advances required by month, when requested by Federal grantor agency for use in making prescheduled advances — 1st month				
2nd month				
3rd month				

12. ALTERNATE COMPUTATION FOR ADVANCES ONLY

a. Estimated Federal cash outlays that will be made during period covered by the advance	$
b. Less: Estimated balance of Federal cash on hand as of beginning of advance period	
c. Amount requested (Line a minus line b)	$

13. CERTIFICATION

I certify that to the best of my knowledge and belief the data above are correct and that all outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested.	SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	DATE REQUEST SUBMITTED
	TYPED OR PRINTED NAME AND TITLE	TELEPHONE (AREA CODE, NUMBER, EXTENSION)

This space for agency use